

LETTER TO THE EDITOR

Pressure ulcer on toe because of attaching patient's toe to the bolt of ICU bed

Dear Editors,

Patients in intensive care unit (ICU) are at high risk of developing pressure ulcers (1–3), because they are sedated, ventilated and almost invariably confined to their bed for long time periods that particularly increase the risk of developing skin breakdown (4). In this article, we report a case of pressure ulcer on the toe because of attaching the patient's toe to a bolt of ICU bed as a part of skeletal traction device. The patient was a 35-year-old man with multiple trauma (head trauma, chest trauma and right femur fracture), admitted to ICU during night shift. The patient's level of consciousness was low (according to Glasgow Coma



Figure 1 Calcaneal traction pressurizing patient's toe to bed bolt.



Figure 2 Attaching patient's toe to ICU bed bolt.



Figure 3 Pressure ulcer in the patient's toe.

Scale was 8) but his haemodynamic status was stable (BP, 130/85; PR, 87; Spo2, 97). The patient's position was supine, and the head of the bed was elevated by 30 in. (to prevent ventilator-associated pneumonia). Because of a right femur fracture, a skeletal traction weighing 9 kg was attached to the patient's foot. During the morning shift, the nurse who was assigned to care for this patient reported that in the upper part of right toe, a pressure ulcer was seen. Orthopaedic surgeons assessed the ulcer and reported that the ulcer was the result of attaching the patient's toe to the bolt of the bed (Figures 1–3). The size of the ulcer was 4 cm long and 2 cm wide, and was in stage II according to National Pressure Ulcer Advisory Panel (NPUAP) (5) pressure ulcer staging. Apparently, the patient's toe was attached to the bolt while he was lying on the bed at night. The patient's oxygenation and circulation readings were good. Hence, the only cause for pressure ulcer in that part was the pressure caused by attaching the patient's toe to the bolt. This case showed that deep pressure ulcers can also develop in different body parts that are not usually assessed by nurses for signs of pressure ulcer and given less consideration by them. So nurses are recommended to continuously check all instruments in contact with patients' skin for any signs of pressure ulcer. Nurses should be aware of the ways that prevent pressure ulcer development and facilitate its improvement.

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